



## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement							
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID						
Committee Information							
Committee Information	<b>FRIENDS OF JOAN FOSTER</b> Name of Candidate Campaign Committee						
	<b>P.O. Box 2814</b> Street Address/PO Box						
	<b>LYNCHBURG</b> City	<b>VA</b> State	<b>24505</b> Zip Code				
	<b>alex@joanfooster2014.com</b> Email Address		<b>407-414-0648</b> Daytime Phone #				
	<b>www.joanfooster2014.com</b> Campaign Website						
Candidate Information							
Candidate Information	<b>FOSTER</b> <b>JOAN</b> <b>FITZGERALD</b> Salutation   Last Name      First Name      Middle Name      Suffix						
	<b>300 WOODLAND AVENUE</b> Residence Address						
	<b>LYNCHBURG</b> City						
	<b>VA</b> State						
	<b>24503</b> Zip Code						
	<b>LYNCHBURG</b> County or City of Residence						
	<b>jfitzfooster@gmail.com</b> Email Address						
	<b>434-258-3315</b> Daytime Phone #						
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.							
Election Information							
Election Information	<b>CITY COUNCIL</b> <b>AT-LARGE</b> Office Sought      District (if one)						
	<b>INDEPENDENT</b> <b>2014</b> <input type="checkbox"/> November <input checked="" type="checkbox"/> May <input type="checkbox"/> Special Political Party      Year of Election      Type of Election						



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Treasurer Information				
<b>Treasurer Information</b>	Salutation	Last Name	First Name	Middle Name
		PREST	Thomas	MARK
	Residence Address		Apt #	
	2218 CAMBRIDGE PLANE		VA 2	
	City	State	Zip Code	
	LYNCHBURG	VA	91759 2195	
	County or City of Residence		Voter Identification #	
LYNCHBURG		91759 2195		
Email Address		Daytime Phone #		
tomprest13@gmail.com		434-944-8953		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
BANK OF THE JAMES				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
LYNCHBURG VA				
City	State	City	State	
Committee Activity				
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		N/A	
	Date first expenditure made:		January 9, 2014	
	Date campaign depository designated:		1/21/14	
	Date filing fee paid for party nomination:		N/A	
	Date Statement of Qualification filed:		1/21/14	
	Date treasurer appointed:		1/21/14	

(continued on next page)



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Filing Method	
<b>Filing Method</b>	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="display: flex; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="margin-left: 5px;">Signature</div> </div> </div> <div style="text-align: center;"> <div style="display: flex; align-items: center;"> <div style="width: 100px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="margin-left: 5px;">Date</div> </div> <div style="margin-left: 10px;">1/20/14</div> </div> </div>
Signatures	
<b>Candidate's Signature</b>	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="display: flex; align-items: center;"> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="margin-left: 5px;">Candidate's Signature</div> </div> </div> <div style="text-align: center;"> <div style="display: flex; align-items: center;"> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="margin-left: 5px;">Date</div> </div> <div style="margin-left: 10px;">JANUARY 21, 2014</div> </div> </div>
<b>Treasurer's Signature</b>	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="display: flex; align-items: center;"> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="margin-left: 5px;">Treasurer's Signature</div> </div> </div> <div style="text-align: center;"> <div style="display: flex; align-items: center;"> <div style="width: 150px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="margin-left: 5px;">Date</div> </div> <div style="margin-left: 10px;">July 17, 2014</div> </div> </div>